

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1841

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

|   |                                  |   |  |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH<br>COUNTY <u>Talbot</u>   |                                  | 2. USUAL RESIDENCE (HOME) OF DECEASED<br>STATE <u>MARYLAND</u>  |  |
| CITY (If outside corporate limits, write RURAL and<br>OR give nearest town)<br>TOWN <u>Easton</u>   |                                  | LENGTH OF STAY<br>(in this place)<br><u>30 days this</u>  |  |
| HOSPITAL OR<br>INSTITUTION OR<br>STREET ADDRESS<br><u>Easton Memorial Hospital</u>  |                                  | 3. NAME OF<br>DECEASED<br>(First) <u>Emma</u> (Middle) <u>Burdell</u> (Last) <u>BARTELL</u>   |  |
| 4. SEX<br><u>Female</u>   | 5. COLOR OR RACE<br><u>White</u> | 6. SINGLE, MARRIED,<br>WIDOWED, DIVORCED.<br>(Specify) <u>Married</u>   | 7. DATE OF DEATH<br><u>Apr 4, 1951</u> |
| 10a. USUAL OCCUPATION (Give kind of work<br>done during most of working life, even if retired)<br><u>Housewife</u>  |                                  | 10b. KIND OF BUSINESS OR<br>INDUSTRY <u>Housewife</u>   |  |
| 12. FATHER'S NAME<br><u>Mr Charles Chardess</u>   |                                  | 13. BIRTHPLACE (State or foreign country)<br><u>Baltimore Md</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <u>No</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>Unknown</u>   |  |
| 17. INFORMANT AND ADDRESS<br><u>Mrs Carrie Culhane, Federalsburg</u>  |                                  | 14. MOTHER'S MAIDEN NAME<br><u>Unknown</u>  |  |
| 18. MEDICAL CERTIFICATION   |                                  |   |  |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   |                                  |   |  |
| 446<br>131a<br>Immediate cause (a) <u>Unknown</u>   |                                  |   |  |
| Antecedent cause(s) (b) <u>arteriolae-aeflous sclerosis</u><br>Diseases or conditions, if any, giving rise to the above cause<br>stating the underlying cause last  |                                  |   |  |
| (c)   |                                  |   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |                                  |   |  |
| 19a. DATE OF OPERATION  |                                  | 19b. MAJOR FINDINGS OF OPERATION  |  |
| 21. ACCIDENT (Specify)<br>SUICIDE<br>HOMICIDE   |                                  | PLACE (Home, farm, factory, street,<br>OF office bldg., etc.)<br>INJURY   |  |
| TIME (Month) (Day) (Year) (Hour)<br>OF INJURY   |                                  | INJURY OCCURRED<br>While at Work <input type="checkbox"/> At work <input type="checkbox"/>  |  |
|   |                                  | HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <u>Apr 21, 1951</u> , to <u>Feb 19, 1951</u> , that I last saw the deceased alive on <u>Feb 19</u> , 1951, and that death occurred at <u>8:55 p.m.</u> , from the causes and on the date stated above. |                                  |   |  |
| SIGNATURE<br><u>Mrs. M. L. Lanning</u>  |                                  | (Degree or title) <u>M. D.</u> ADDRESS <u>Easton Maryland</u> DATE SIGNED <u>21 Feb 51</u>  |  |
| 23. BURIAL, CREMATION<br>REMOVAL (Specify) <u>Burial</u>  |                                  | DATE THEREOF <u>2/22/51</u> NAME OF CEMETERY OR CREMATORIAL <u>Will Crest</u> LOCATION (City, town, or county) <u>Federalsburg Md</u> (State) |  |
| DATE REC'D BY LOCAL REG. <u>2/20/51</u>   |                                  | REGISTRAR'S SIGNATURE <u>H. H. Morris</u> 24. FUNERAL DIRECTOR ADDRESS <u>Federalsburg Son Federalsburg Md</u>                                |  |



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

|  |                  |   |                  |   |                           |                                 |                           |        |
|--|------------------|---|------------------|---|---------------------------|---------------------------------|---------------------------|--------|
| 1. PLACE OF DEATH-<br>CITY<br>Talbot   |                  | 2. USUAL RESIDENCE (HOME) OF DECEASED-<br>CITY<br>Maryland        |                  |   |                           |                                 |                           |        |
| CITY (If outside corporate limits, write RURAL and<br>give nearest town)<br>TOWN<br>Easton-Rural |                  | LENGTH OF STAY<br>(in this place)                                 |                  |   |                           |                                 |                           |        |
| HOSPITAL OR<br>INSTITUTION OR<br>STREET ADDRESS  |                  | STREET<br>ADDRESS   |                  |   |                           |                                 |                           |        |
| 3. NAME OF<br>DECEASED<br>(Type or Print)  | (First)<br>Sarah | (Middle)<br>Mae   | (Last)<br>Blann  |   |                           |                                 |                           |        |
| 4. DATE<br>OF<br>DEATH   | Feb. 25          | (Month)   | (Day)            |   |                           |                                 |                           |        |
| 5. SEX   | 6. COLOR OR RACE | 7. SINGLE, MARRIED,<br>WIDOWED, DIVORCED,<br>(Specify)<br>Married | 8. DATE OF BIRTH | 9. AGE last birthday                      | If under 1 year<br>Months | If under 24 hrs.<br>Days        | If under 24 hrs.<br>Hours | (Year) |
| Female   | White            |   | June 27, 1888    | 62 yrs.                                   | 7                         | 29                              |                           | 1951   |
| 10a. USUAL OCCUPATION (Give kind of work<br>done during most of working life, even if retired)   |                  | 10b. KIND OF BUSINESS OR<br>INDUSTRY                              |                  | 11. BIRTHPLACE (State or foreign country) |                           | 12. CITIZEN OF WHAT<br>COUNTRY? |                           |        |
| Housewife  |                  |   |                  | Trappe Md.                                |                           | U.S.A.                          |                           |        |
| 13. FATHER'S NAME  |                  | 14. MOTHER'S MAIDEN NAME  |                  |   |                           |                                 |                           |        |
| Charles T. Helby   |                  | Memie S. Wright   |                  |   |                           |                                 |                           |        |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown)                             |                  | 16. SOCIAL SECURITY NO.   |                  | 17. INFORMANT                             |                           | 18. MEDICAL CERTIFICATION       |                           |        |
| Yes  |                  | none  |                  | Nelson Blann                              |                           |                                 |                           |        |

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

|   |   |   |                |          |   |
|---|---|---|----------------|----------|---|
| 151x  | Immediate cause<br>(a)  | Carcinoma of stomach  |                |          | 3 months  |
| 46b   | Antecedent cause(s)<br>Diseases or conditions, if any, giving rise to the above cause<br>stating the underlying cause last<br>(b) |   |                |          |   |
|   | (c)   |   |                |          |   |
| 11. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |   |                |          |   |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION  |   |                |          | 20. AUTOPSY?  |
| 1/2/51  | Carcinoma of stomach  |   |                |          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 21. ACCIDENT<br>SUICIDE<br>HOMICIDE   | (Specify)   | PLACE (Home, farm, factory, street,<br>OF office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)   |
| INJURY  |   |   |                |          |   |
| TIME (Month) (Day) (Year) (Hour)  | INJURY OCCURRED<br>While at Work <input type="checkbox"/> At work <input type="checkbox"/>  | HOW DID INJURY OCCUR?   |                |          |   |
| OF INJURY   | m.  |   |                |          |   |

22. I hereby certify that I attended the deceased from Dec., 1950, to 2/25/1951, that I last saw the deceased alive on 2/24/1951, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

|  |                       |                                 |                                  |
|--|-----------------------|---------------------------------|----------------------------------|
| 23. BURIAL, CREMATION<br>REMOVAL (Specify) | DATE THEREOF          | NAME OF CEMETERY OR CREMATORIAL | LOCATION (City, town, or county) |
| Burial                                     | Feb. 27, 51           | Spring Hill Cemetery            | Easton, Md.                      |
| DATE REC'D BY LOCAL<br>REG.                | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR            |                                  |
| 3/26/51                                    | N.H. Nease            | John D. Williams, Easton, Md.   |                                  |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Dr. Cox

1842

MARYLAND STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH  
FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>COUNTY  |  | 2. USUAL RESIDENCE (HOME) OF DECEASED-<br>STATE   |  |
| Albot  |  | Maryland  |  |
| CITY (If outside corporate limits, write RURAL and<br>OR give nearest town) TOWN   |  | LENGTH OF STAY<br>(In this place)   |  |
| Easton, Md   |  | 3 days  |  |
| HOSPITAL OR<br>INSTITUTION OR<br>STREET ADDRESS  |  | STREET<br>ADDRESS   |  |
| Memorial Hospital  |  | (If rural, give location)   |  |
| 3. NAME OF<br>DECEASED<br>(Type or Print)  |  | 4. DATE<br>(First) (Middle) (Last) (Month) (Day) (Year)   |  |
| Amie   |  | CARTER  |  |
| 5. SEX<br>M  |  | 6. COLOR OR RACE<br>N   |  |
| 7. SINGLE, MARRIED,<br>WIDOWED, DIVORCED,<br>(Specify)   |  | 8. DATE OF BIRTH<br>8   |  |
| Single   |  | 9. AGE last birthday<br>60 yrs.   |  |
| 10a. USUAL OCCUPATION (Give kind of work<br>done during most of working life, even if retired)   |  | 10b. KIND OF BUSINESS OR<br>INDUSTRY  |  |
| farm laborer   |  | attorney  |  |
| 13. FATHER'S NAME<br>Van Carter  |  | 11. BIRTHPLACE (State or foreign country)   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <i>Yes</i>  |  | 16. SOCIAL SECURITY NO.   |  |
|  |  | 17. INFORMANT   |  |
| 18. MEDICAL CERTIFICATION  |  | 12. CITIZEN OF WHAT<br>COUNTRY  |  |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  |  | 14. MOTHER'S MAIDEN NAME  |  |
| Immediate cause<br><i>910.8</i>  |  | 15. Section cervical cord due to being hit<br>by falling tree while working in woods                            |  |
| Antecedent cause(s)<br>Diseases or conditions, if any, giving rise to the above cause<br>stating the underlying cause last<br><i>175.2</i>   |  | 16. INTERVAL BETWEEN<br>ONSET AND DEATH<br><i>3 days</i>  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  | 17.   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |  |
| 21. EXTERNAL CAUSE WAS<br>PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/><br>CAUSE OF DEATH.   |  | 22. TIME (Month) (Day) (Year) (Hour)<br>OF INJURY   |  |
|  |  | PLACE (Home, farm, factory, street,<br>of office bldg., etc.)   |  |
|  |  | INJURY  |  |
|  |  | INJURY OCCURRED<br>While at m. work <input checked="" type="checkbox"/> Not while work <input type="checkbox"/> |  |
|  |  | HOW DID INJURY OCCUR?<br><i>Tree fell on him</i>  |  |
| 22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> . |  | 23. BURIAL, CREMATION<br>REMOVAL (Specify)  |  |
|  |  | DATE THEREOF  |  |
| Burial   |  | NAME OF CEMETERY OR CREMATORI   |  |
| DATE RECD BY LOCAL<br>REG. <i>2/6/51</i>   |  | LOCATION (City, town, or county)<br>(State)   |  |
| 24. FUNERAL DIRECTOR   |  | ADDRESS   |  |
| REG. <i>2/6/51</i>   |  | N. A. Neeris  |  |
| 24. FUNERAL DIRECTOR   |  | ADDRESS   |  |
| REG. <i>2/6/51</i>   |  | T. B. Wellaughley <i>970116</i>   |  |
|  |  | Sped Lillian Moultrie   |  |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Cap  
1845

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

|   |                                  |  |                           |  |  |  |                                      |                    |                  |
|---|----------------------------------|--|---------------------------|--|--|--|--------------------------------------|--------------------|------------------|
| 1. PLACE OF DEATH<br>COUNTY<br><b>Talbot</b>  |                                  | MARYLAND   |                           | 2. USUAL RESIDENCE (HOME) OF DECEASED<br>STATE<br><b>Maryland</b>                                    |  | COUNTY<br><b>Talbot</b>                        |                                      |                    |                  |
| CITY (If outside corporate limits, write RURAL and<br>OR give nearest town)<br>TOWN<br><b>Easton</b>                    |                                  | LENGTH OF STAY<br>(in this place)<br><b>ALL OF LIFE</b>                  |                           | CITY (If outside corporate limits, write RURAL and give nearest town)<br>OR<br>TOWN<br><b>Easton</b> |  | STREET<br>ADDRESS<br><b>RURAL</b>              |                                      |                    |                  |
| HOSPITAL OR<br>INSTITUTION OR<br>STREET ADDRESS<br><b>(Rural)</b>   |                                  |  |                           |  |  | (If rural, give location)                      |                                      |                    |                  |
| 3. NAME OF<br>DECEASED<br>(Type or Print)   |                                  | (First)<br><b>Luther</b>   | (Middle)<br><b>Muriel</b> | (Last)<br><b>Covey</b>   | 4. DATE<br>OF<br>DEATH<br><b>Feb. 26</b> |  | (Month)<br><b>1951</b>               | (Day)              | (Year)           |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED,<br>WIDOWED, DIVORCED,<br>(Specify)<br><b>MARRIED</b> |                           | 8. DATE OF BIRTH<br><b>Sept. 12, 1882</b>  | 9. AGE last birthday<br><b>68</b>        | If under 1 year<br>Months<br><b>5</b>          | If under 24 hrs.<br>Days<br><b>7</b> | Hours<br><b>14</b> | Min.<br><b>0</b> |
| 10a. USUAL OCCUPATION (Give kind of work<br>done during most of working life, even if retired)<br><b>Antique Dealer</b> |                                  | 10b. KIND OF BUSINESS OR<br>INDUSTRY<br><b>Own business</b>              |                           | 11. BIRTHPLACE (State or foreign country)<br><b>CAROLINE Co.</b>                                     |  | 12. CITIZEN OF WHAT<br>COUNTRY?<br><b>U.S.</b> |                                      |                    |                  |
| 13. FATHER'S NAME<br><b>John Covey</b>  |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Emma Carpenter</b>                        |                           |  |  |  |                                      |                    |                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <b>None</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>                                   |                           | 17. INFORMANT<br><b>Mr. Luther Covey - Easton, Md.</b>   |  |  |                                      |                    |                  |

|   |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| 18. MEDICAL CERTIFICATION   |  |  |  |  |  |  |  |  |  |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   |  |  |  |  |  |  |  |  |  |
| Immediate cause (a) <b>Arteriosclerotic Heart Disease</b> <span style="float: right;">2 yrs (?)</span>  |  |  |  |  |  |  |  |  |  |
| Antecedent cause(s)<br>Diseases or conditions, if any, (b)<br><b>420.0</b><br><b>93d</b> giving rise to the above cause<br>stating the underlying cause last<br>(c) |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
|--|--|--|--|
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not<br>related to the disease or condition causing death. |  |  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  |
| 21. ACCIDENT<br>SUICIDE<br>HOMICIDE<br>(Specify)   |  | PLACE (Home, farm, factory, street,<br>OF office bldg., etc.)<br><b>INJURY</b> |  |
| TIME (Month) (Day) (Year) (Hour)   |  | INJURY OCCURRED<br>While at Not While<br>m. Work At work                       |  |
| OF<br>INJURY   |  | HOW DID INJURY OCCUR?  |  |

22. I hereby certify that I attended the deceased from ..... , 1948, to ..... , 1951, that I last saw the deceased  
alive on ..... , 1951, and that death occurred at ..... , from the causes and on the date stated above.  
SIGNATURE *B. Cap Jr. M.D.* ADDRESS *Easton and 311/57* DATE SIGNED *7/30/51*

|   |  |   |  |  |  |   |  |         |
|---|--|---|--|--|--|---|--|---------|
| 23. BURIAL, CREMATION<br>REMOVAL (Specify)<br><b>Burial</b> |  | DATE THEREOF<br><b>2/28/51</b>            |  | NAME OF CEMETERY OR CREMATORIAL<br><b>Spring Hill</b>      |  | LOCATION (City, town, or county)<br><b>Easton, Md</b> |  | (State) |
| DATE REC'D BY LOCAL<br>REG. <b>2/27/51</b>                  |  | REGISTRAR'S SIGNATURE<br><b>M. Neuril</b> |  | 24. FUNERAL DIRECTOR<br><b>Maurice L. Neuril &amp; Son</b> |  | ADDRESS<br><b>Easton, Md 290698</b>                   |  |         |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct  
is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH  
FOR MEDICAL EXAMINERS

1844

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>COUNTY <u>Talbot</u>   |   | 2. USUAL RESIDENCE (HOME) OF DECEASED<br>STATE <u>Maryland</u>                               |  |
| CITY (If outside corporate limits, write RURAL and<br>OR give nearest town)<br>TOWN <u>Easton, Md</u>   |   | CITY (If outside corporate limits, write RURAL and give nearest town)<br>TOWN <u>Preston</u> |  |
| LENGTH OF STAY<br>(in this place)<br><u>24 hrs</u>  |   | STREET<br>ADDRESS  |  |
| HOSPITAL OR<br>INSTITUTION OR<br>STREET ADDRESS <u>Memorial Hospital</u>  |   |  |  |
| 3. NAME OF<br>DECEASED<br>(Type or Print)<br><u>Lea</u>   | (First) <u>Lea</u>  | (Middle) <u>Golden</u>   | (Last) <u>(Redacted)</u>                                 |
| 4. DATE<br>OF<br>DEATH<br><u>2 22 1951</u>  | (Month)   | (Day)  | (Year)   |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. SINGLE, MARRIED,<br>WIDOWED, DIVORCED<br>(Specify) <u>Married</u>                         | 8. DATE OF BIRTH<br><u>Jan 27, 1910</u>                  |
| 9. AGE last birthday<br><u>40</u>   | 10. BIRTHPLACE (State or foreign country)<br><u>Preston Md</u>                                    | 11. CITIZEN OF WHAT<br>COUNTRY <u>USA</u>  |  |
| 12. SEX<br><u>Female</u>  | 13. FATHER'S NAME<br><u>An Edward Patrick</u>   | 14. MOTHER'S MAIDEN NAME<br><u>Elma Saly</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <u>No</u>  | 16. SOCIAL SECURITY NO.<br><u>218-28-6853</u>   | 17. INFORMANT<br><u>Mrs Nelson Patrick</u>   |  |
| MEDICAL CERTIFICATION<br><u>218-28-6853</u>   |   |  |  |
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH<br><u>Fracture skull, comp'd fract. lumbaris</u>  |   |  |  |
| 816.5 Immediate cause<br><u>Auto accident</u>   |   |  |  |
| 1702 Antecedent cause(s)<br>Diseases or conditions, if any, giving rise to the above cause<br>stating the underlying cause last<br><u>(a) Auto accident</u>   |   |  |  |
| 18. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |  |
| 19a. DATE OF OPERATION<br><u>2 21 1951</u>  | 19b. MAJOR FINDINGS OF OPERATION<br><u>Fracture skull, comp'd fract. lumbaris</u>                 | 20. AUTOPSY?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                     |  |
| 21. EXTERNAL CAUSE WAS<br>PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.   | PLACE (Home, farm, factory, street,<br>OF office bldg., etc.)<br>INJURY <u>in-way</u>             | (CITY OR TOWN) <u>Easton</u>   | (COUNTY) <u>Talbot</u> (STATE) <u>Md</u>                 |
| TIME (Month) (Day) (Year) (Hour)<br>OF INJURY <u>2 21 51 10 AM</u>  | INJURY OCCURRED<br>While at work <input type="checkbox"/> Not while work <input type="checkbox"/> | HOW DID INJURY OCCUR?<br><u>on way / car struck by another car</u>                           |  |
| 22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> . |   |  |  |
| SIGNATURE<br><u>Lea M. M. M.D.</u>  | (Degree or title) <u>D.M.E.</u>   | ADDRESS <u>Easton Md</u>   | DATE SIGNED <u>2-22-51</u>                               |
| 23. BURIAL, CREMATION<br>REMOVAL (Specify) <u>Buried</u>  | DATE THEREOF <u>2/24/51</u>   | NAME OF CEMETERY OR CREMATORIAL<br><u>Linchester</u>   | LOCATION (City, town, or county) <u>Preston R.D. Md.</u> |
| DATE REC'D BY LOCAL<br>REG. <u>2/23/51</u>  | REGISTRAR'S SIGNATURE <u>W. H. Neeried</u>  | 24. FUNERAL DIRECTOR<br><u>W. E. Newman &amp; Son</u>  | ADDRESS <u>Easton Md</u>                                 |



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 294

184

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>COUNTY<br>Talbot  |   | 2. USUAL RESIDENCE (HOME) OF DECEASED.<br>STATE<br>Maryland                                      |  |
| CITY (If outside corporate limits, write RURAL and<br>OR give nearest town)<br>TOWN<br>Claiborne   |   | LENGTH OF STAY<br>(in this place)<br>Life  |  |
| HOSPITAL OR<br>INSTITUTION OR<br>STREET ADDRESS  |   | CITY (If outside corporate limits, write RURAL and give nearest town)<br>OR<br>TOWN<br>Claiborne |  |
| STREET<br>ADDRESS  |   | STREET<br>ADDRESS<br>(If rural, give location)   |  |
| 3. NAME OF<br>DECEASED<br>(Type or Print)  | (First)<br>OATHO  | (Middle)<br>L.   | (Last)<br>GRAY   |
| 4. DATE<br>OF<br>DEATH   | (Month)<br>Feb.   | (Day)<br>19  | (Year)<br>51   |
| 5. SEX<br>Male   | 6. COLOR OR RACE<br>White   | 7. SINGLE, MARRIED,<br>WIDOWED, DIVORCED.<br>(Specify)<br>Married                                | 8. DATE OF BIRTH<br>Sept 24, 1892  |
| 10a. USUAL OCCUPATION (Give kind of work<br>done during most of working life, even if retired)<br>Tonging Oysters  | 10b. KIND OF BUSINESS OR<br>INDUSTRY<br>Seafood   | 9. AGE last birthday<br>58   | 11. BIRTHPLACE (State or foreign country)<br>Snow Hill, Maryland         |
| 12. CITIZEN OF WHAT<br>COUNTRY<br>USA  | 13. FATHER'S NAME<br>James Gray   | 14. MOTHER'S MAIDEN NAME<br>Drucilla Mumford   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) Yes |
| 16. SOCIAL SECURITY NO.<br>None  | 17. INFORMANT AND ADDRESS<br>Mrs. Marie H. Grey, Claiborne, Md.   | 18. MEDICAL CERTIFICATION  | INTERVAL BETWEEN<br>ONSET AND DEATH<br>immediate                         |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  |   |  |  |
| 420.1<br>93d   | Immediate cause<br>Antecedent cause(s)<br>Diseases or conditions, if any, giving rise to the above cause<br>stating the underlying cause last | (a) <i>Coronary Thrombosis</i><br>(b) <i>Hypertensive Lesion - vascular disease</i>              | 2 yrs +  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  |  |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                         |  |
| 21. ACCIDENT<br>SUICIDE<br>HOMICIDE  | (Specify)   | PLACE (Home, farm, factory, street,<br>OF office bldg., etc.)<br>INJURY                          | (CITY OR TOWN)<br>ADDRESS  |
| (CITY OR TOWN)<br>ADDRESS  | (COUNTY)<br>ADDRESS   | (STATE)  |  |
| TIME (Month) (Day) (Year) (Hour)<br>OF<br>INJURY   | INJURY OCCURRED<br>While at<br>m. Work <input type="checkbox"/> At work <input type="checkbox"/>  | HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from ..... , 19....., to ..... , 19....., that I last saw the deceased<br>alive on ..... , 19....., and that death occurred at ..... m., from the causes and on the date stated above.<br>SIGNATURE (Degree or title) ADDRESS DATE SIGNED<br><i>L. P. Waitzman</i> <i>St. Michaels Md. Sept 5/51</i> |   |  |  |
| 23. BURIAL, CREMATION<br>REMOVAL<br>(Specify)<br>Burial  | DATE THEREOF<br>Feb 21, 1951  | NAME OF CEMETERY OR CREMATORIY<br>Olivet Cemetery  | LOCATION (City, town, or county)<br>St. Michaels, Maryland               |
| DATE REC'D BY LOCAL<br>REG.  | REG.  | 24. FUNERAL DIRECTOR<br>ADDRESS<br>Newnam & Harrison, St. Michaels, Md.                          |  |



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 294

1846

|   |                                  |  |   |   |  |
|---|----------------------------------|--|---|---|--|
| 1. PLACE OF DEATH<br>COUNTY<br><b>Talbot</b> MARYLAND<br>CITY (If outside corporate limits, write RURAL and LENGTH OF STAY<br>OR give nearest town) <b>Wittman, Md.</b> (in this place) <b>Life</b>   |                                  |  | 2. USUAL RESIDENCE (HOME) OF DECEASED:<br>STATE <b>Maryland</b> COUNTY <b>Talbot</b><br>CITY (If outside corporate limits, write RURAL and give nearest town)<br>OR<br>TOWN <b>Wittman, Maryland</b><br>STREET<br>ADDRESS |   |  |
| 3. NAME OF<br>DECEASED<br>(Type or Print)<br><b>SUSIE</b>   |                                  |  | (First) <b>SUSIE</b>  | (Middle) <b>WALTON</b>  | (Last) <b>HADDAWAY</b>                             |
| 4. DATE<br>OF<br>DEATH<br><b>Feb 21, 1951</b>   | (Month)                          | (Day)  | (Year)  |   |  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED,<br>WIDOWED, DIVORCED.<br>(Specify)<br><b>Married</b>                   | 8. DATE OF BIRTH<br><b>Aug. 30, 1876</b>  | 9. AGE last birthday<br><b>74</b>   | If under 1 year<br>Months<br>Days<br>Hours<br>Min. |
| 10a. USUAL OCCUPATION (Give kind of work<br>done during most of working life, even if retired)<br><b>Housewife</b>  |                                  |  | 10b. KIND OF BUSINESS OR<br>INDUSTRY<br><b>-</b>  | 11. BIRTHPLACE (State or foreign country)<br><b>Maryland</b>              | 12. CITIZEN OF WHAT<br>COUNTRY?<br><b>USA</b>      |
| 13. FATHER'S NAME<br><b>Robert L. Sims</b>  |                                  |  | 14. MOTHER'S MAIDEN NAME<br><b>Mary Ann Marshall</b>  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>   |   | 17. INFORMANT AND ADDRESS<br><b>Mrs. Louise H. Breeding, Ridgely, Md.</b> |  |
| 18. MEDICAL CERTIFICATION   |                                  |  |   |   |  |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   |                                  |  | INTERVAL BETWEEN<br>ONSET AND DEATH   |   |  |
| Immediate cause<br><b>Cerebral Hemorrhage</b>   |                                  |  | <b>extra</b>  |   |  |
| Antecedent cause(s)<br>Diseases or conditions, if any,<br>giving rise to the above cause<br>stating the underlying cause last<br><b>61 Hypertension &amp; Diabetes</b>  |                                  |  | <b>5 yrs</b>  |   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not<br>related to the disease or condition causing death.  |                                  |  |   |   |  |
| 19a. DATE OF OPERATION  |                                  | 19b. MAJOR FINDINGS OF OPERATION   |   | 20. AUTOPSY?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| 21. ACCIDENT<br>SUICIDE<br>HOMICIDE<br><b>INJURY</b>  |                                  | PLACE (Home, farm, factory, street,<br>OF office bldg., etc.)<br><b>INJURY</b>             |   | (CITY OR TOWN)<br><b>(CITY OR TOWN)</b>                                   |  |
| (CITY OR TOWN)  |                                  | (CITY OR TOWN)   |   | (COUNTY)<br><b>(COUNTY)</b>   |  |
| (STATE)   |                                  | (STATE)  |   | (STATE)   |  |
| TIME (Month) (Day) (Year) (Hour)<br>OF<br>INJURY  |                                  | INJURY OCCURRED<br>While at Work <input type="checkbox"/> At work <input type="checkbox"/> |   | HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <b>Jan. 1951</b> to <b>Feb. 1951</b> , that I last saw the deceased<br>alive on <b>Feb. 19, 1951</b> , and that death occurred at <b>CP</b> m., from the causes and on the date stated above.<br>SIGNATURE (Degree or title) <b>ADDRESS</b> DATE SIGNED<br><b>Ernest Lee Sims</b> <b>Feb. 20, 1951</b> |                                  |  |   |   |  |
| 23. BURIAL, CREMATION<br>REMOVAL  |                                  | DATE THEREOF<br><b>Burial Feb. 24, 1951</b>  |   | NAME OF CEMETERY OR CREMATORIAL<br><b>Olivet Cemetery</b>                 |  |
| LOCATION (City, town, or county)<br><b>St. Michaels, Md.</b>  |                                  | (State)  |   |   |  |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE<br><b>Feb. 22-51 G. Wesley Scovell.</b>   |                                  | 24. FUNERAL DIRECTOR<br>ADDRESS<br><b>Newnam &amp; Harrison, St. Michaels, Md.</b>         |   |   |  |



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

1849

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

|  |                  |  |                  |
|--|------------------|--|------------------|
| 1. PLACE OF DEATH<br>COUNTY  |                  | 2. USUAL RESIDENCE (HOME) OF DECEASED<br>STATE   |                  |
| Talbot<br>CITY (If outside corporate limits, write RURAL and<br>OR give nearest town)<br>TOWN                  |                  | MARYLAND<br>CITY (If outside corporate limits, write RURAL and give nearest town)<br>TOWN<br>STREET<br>ADDRESS |                  |
| 8 days<br>HOSPITAL OR<br>INSTITUTION OR<br>STREET ADDRESS  |                  | Denton<br>If rural, give location  |                  |
| 3. NAME OF<br>DECEASED<br>(Type or Print)  |                  | 4. DATE<br>OF<br>DEATH   |                  |
| Alice M. Hickey  |                  | Feb. 19 1951   |                  |
| 5. SEX   | 6. COLOR OR RACE | 7. SINGLE, MARRIED,<br>WIDOWED, DIVORCED<br>(Specify)  | 8. DATE OF BIRTH |
| F.   | White            | MARRIED  | Sept 27 1883     |
| 10a. USUAL OCCUPATION (Give kind of work<br>done during most of working life, even if retired)                 |                  | 9. AGE last birthday<br>If under 1 year<br>Months Days<br>yrs.   |                  |
| 10b. KIND OF BUSINESS OR<br>INDUSTRY   |                  | 11. BIRTHPLACE (State or foreign country)  |                  |
| Housewife  |                  | New York   |                  |
| 13. FATHER'S NAME  |                  | 12. CITIZEN OF WHAT<br>COUNTRY   |                  |
| James John Schumacker  |                  | U.S.A.   |                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of<br>service) |                  | 16. SOCIAL SECURITY NO.  |                  |
| Unknown  |                  | 17. INFORMANT AND ADDRESS  |                  |
| 18. MEDICAL CERTIFICATION  |                  |  |                  |

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334x Immediate cause (a) Cerebral arteriosclerosis, & severe  
97 Antecedent cause(s) (b) mental deterioration  
Diseases or conditions, if any, giving rise to the above cause  
stating the underlying cause last (c)

INTERVAL BETWEEN  
ONSET AND DEATH  
C.I.II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not  
related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes  No 

|                                     |           |   |                |          |         |
|-------------------------------------|-----------|---|----------------|----------|---------|
| 21. ACCIDENT<br>SUICIDE<br>HOMICIDE | (Specify) | PLACE (Home, farm, factory, street,<br>OF office bldg., etc.)   | (CITY OR TOWN) | (COUNTY) | (STATE) |
| INJURY                              |           | TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED<br>OF While at Not While<br>INJURY m. Work <input type="checkbox"/> At work <input type="checkbox"/> HOW DID INJURY OCCUR? |                |          |         |

22. I hereby certify that I attended the deceased from 11 Feb., 1951, to 19 Feb., 1951, that I last saw the deceased  
alive on 19 Feb., 1951, and that death occurred at 3 P.M., from the causes and on the date stated above.  
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

|  |                       |                                 |                                  |           |
|--|-----------------------|---------------------------------|----------------------------------|-----------|
| 23. BURIAL, CREMATION<br>REMOVAL (Specify) | DATE THEREOF          | NAME OF CEMETERY OR CREMATORIAL | LOCATION (City, town, or county) | (State)   |
| Burial                                     | Feb 22, 1951          | Denton                          | Denton, Maryland                 | 20 Feb 51 |
| DATE REC'D BY LOCAL<br>REG.                | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR<br>ADDRESS |                                  |           |
| 2/20/51                                    | J. H. Neerius         | J. Virgil Woodson Denton        |                                  |           |



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1847

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

|  |  |                                   |  |  |  |  |  |
|--|--|-----------------------------------|--|--|--|--|--|
| 1. PLACE OF DEATH:<br>COUNTY <u>Talbot</u>   |  | MARYLAND                          |  | 2. USUAL RESIDENCE (HOME) OF DECEASED:<br>STATE <u>Ind</u>   |  | COUNTY <u>Talbot</u>                           |  |
| CITY (If outside corporate limits, write RURAL and<br>OR give nearest town)<br>TOWN <u>Cordova</u> |  | LENGTH OF STAY<br>(in this place) |  | CITY (If outside corporate limits, write RURAL and give nearest town)<br>OR<br>TOWN <u>Cordova</u> |  | STREET<br>(If rural, give location)<br>ADDRESS |  |
| HOSPITAL OR<br>INSTITUTION OR<br>STREET ADDRESS  |  |                                   |  |  |  |  |  |

|  |                      |   |                       |  |                               |                                     |                              |
|--|----------------------|---|-----------------------|--|-------------------------------|-------------------------------------|------------------------------|
| 3. NAME OF<br>DECEASED<br>(Type or Print)  | (First) <u>Clara</u> | (Middle) <u>Julia</u>                                 | (Last) <u>Hopkins</u> | 4. DATE<br>OF<br>DEATH   | (Month) <u>Feb.</u>           | (Day) <u>24</u>                     | (Year) <u>1957</u>           |
| 5. SEX   | 6. COLOR OR RACE     | 7. SINGLE, MARRIED,<br>WIDOWED, DIVORCED<br>(Specify) | 8. DATE OF BIRTH      | 9. AGE last birthday   | 10. If under 1 year<br>Months | 11. If under 24 hrs.<br>Days        | 12. If under 1 Min.<br>Hours |
| Female   | white                | Widowed   | Sept 35, 1876 80      | yr.  |                               |                                     |                              |
| 10a. USUAL OCCUPATION (Give kind of work<br>done during most of working life, even if retired) |                      | 10b. KIND OF BUSINESS OR<br>INDUSTRY                  |                       | 11. BIRTHPLACE (State or foreign country)                      |                               | 13. CITIZEN OF WHAT<br>COUNTRY      |                              |
|  |                      |   |                       | <u>New York State U.S.A.</u>                                   |                               | <u>New York State U.S.A.</u>        |                              |
| 14. FATHER'S NAME<br><u>John James George</u>  |                      | 14. MOTHER'S MADDEN NAME<br><u>Mary Agnes Culver</u>  |                       | 17. INFORMANT AND ADDRESS<br><u>Mrs. Harry Lednum, Cordova</u> |                               | 18. MEDICAL CERTIFICATION           |                              |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown)                           |                      | 16. SOCIAL SECURITY NO.                               |                       | 18. MEDICAL CERTIFICATION                                      |                               | INTERVAL BETWEEN<br>ONSET AND DEATH |                              |
|  |                      |   |                       | <u>Myocardial failure</u>                                      |                               | <u>2 years</u>                      |                              |

|   |                               |  |                        |  |                                       |  |   |  |                                  |  |  |  |
|---|-------------------------------|--|------------------------|--|---------------------------------------|--|---|--|----------------------------------|--|--|--|
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | (a) <u>Myocardial failure</u> |  | 2. Antecedent cause(s) |  | <u>Chronic emphysema of the lungs</u> |  | 3. Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last |  | <u>Tuberculosis of the lungs</u> |  | 4. Other significant conditions<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
|   |                               |  |                        |  |                                       |  |   |  |                                  |  |  |  |

|  |                                  |   |              |                       |  |          |  |         |  |
|--|----------------------------------|---|--------------|-----------------------|--|----------|--|---------|--|
| 19a. DATE OF OPERATION                           | 19b. MAJOR FINDINGS OF OPERATION |   | 20. AUTOPSY? |                       |  |          |  |         |  |
| 21. ACCIDENT<br>SUICIDE<br>HOMICIDE<br>(Specify) |                                  | PLACE (Home, farm, factory, street,<br>OF office bldg., etc.)<br>INJURY                       |              | (CITY OR TOWN)        |  | (COUNTY) |  | (STATE) |  |
| TIME (Month) (Day) (Year) (Hour)<br>OF<br>INJURY |                                  | INJURY OCCURRED<br>While at m. Work <input type="checkbox"/> At work <input type="checkbox"/> |              | HOW DID INJURY OCCUR? |  |          |  |         |  |

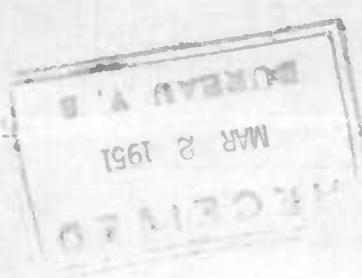
|  |  |                   |      |   |                              |
|--|--|-------------------|------|---|------------------------------|
| 22. I hereby certify that I attended the deceased from |  | 19                | to   | Feb. 24, 1957                                 | that I last saw the deceased |
| alive on   |  | 26                | 1957 | from the causes and on the date stated above. |                              |
| SIGNATURE  |  | (Degree or title) |      | ADDRESS                                       | DATE SIGNED                  |

|   |                       |                                 |                                  |         |
|---|-----------------------|---------------------------------|----------------------------------|---------|
| 23. BURIAL, CREMATION<br>REMOVAL<br>(Specify) | DATE                  | NAME OF CEMETERY OR CREMATORIAL | LOCATION (City, town, or county) | (State) |
| Burial  | 2/26/57               | Springfield Cemetery            | Cordova                          | Ind     |
| DATE REC'D BY LOCAL<br>REG.                   | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR            | ADDRESS                          |         |
| 2/25/57                                       | N. G. Heros           | Earl Stafford                   | Easton                           | Ind     |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15



## Evidence for change in MARYLAND STATE DEPARTMENT OF HEALTH

#9 shown on; see

attached paper

2411 N. Charles Street, Baltimore

1848

## No. G 131 FEB 27 1951 CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH.

COUNTY

Talbot

MARYLAND

CITY (If outside corporate limits, write RURAL and  
OR give nearest town)LENGTH OF STAY  
(in this place)

TOWN

Grappler

18 years

HOSPITAL OR  
INSTITUTION OR

STREET ADDRESS

Rural

## 2. USUAL RESIDENCE (HOME) OF DECEASED.

STATE

Md

COUNTY

Talbot

CITY (If outside corporate limits, write RURAL and give nearest town)

OR

TOWN

Grappler

STREET

ADDRESS

(If rural, give location)

Rural

3. NAME OF  
DECEASED  
(Type or Print)

(First) Emma

(Middle)

(Last) Johns

4. DATE  
OF  
DEATH

Feb. 17

1951

## 5. SEX

Female, Colored

## 6. COLOR OR RACE

Married

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify)

## 8. DATE OF BIRTH

Mar. 1, 1892

## 9. AGE last birthday

58 yrs

If under 1 year  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work  
done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR  
INDUSTRY

Housewife

## 11. BIRTHPLACE (State or foreign country)

Talbot Co., Md

12. CITIZEN OF WHAT  
COUNTRY

Md

## 13. FATHER'S NAME

James Remalls

## 14. MOTHER'S MAIDEN NAME

Sallie Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of  
service)

No

## 16. SOCIAL SECURITY NO.

213-24-1559

## 17. INFORMANT

Joseph Johns, Grappler, Md

## 18. MEDICAL CERTIFICATION

## 19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

20. INTERVAL BETWEEN  
ONSET AND DEATH

Immediate cause

(a) Tuberculosis of Lungs

## Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause

stating the underlying cause last

(b)

(c)

## 21. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not

related to the disease or condition causing death.

## 22a. DATE OF OPERATION

## 22b. MAJOR FINDINGS OF OPERATION

23. ACCIDENT  
SUICIDE  
HOMICIDE

## (Specify)

PLACE (Home, farm, factory, street,  
OF office bldg., etc.)

INJURY

TIME (Month) (Day) (Year) (Hour)

INJURY OCCURRED  
OF INJURYWhite at  
m. WorkNot White  
At work

HOW DID INJURY OCCUR?

White at  
m. WorkNot White  
At workWhite at  
m. Work



MAURICE E. NEWNAM & SON  
Eastern Shore Memorial Centre  
WASHINGTON STREET EASTON, MARYLAND

This date of birth on this certificate was copied from  
the insurance policy.

Signed Maurice E. Newnam & Son  
By Ruth G. Todd

The family has no record  
of age other than this

Maurice E. Newman & Son

20th & Chestnut Streets, Philadelphia, Pa.

Telephone CHerry 6-2110



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

1850

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>COUNTY <u>talbot</u>   |  | 2. USUAL RESIDENCE (HOME) OF DECEASED<br>STATE <u>Md.</u> COUNTY <u>Caroline</u>                                  |  |
| CITY (If outside corporate limits, write RURAL and<br>OR give nearest town) <u>Easton, md.</u>  |  | LENGTH OF STAY<br>(in this place) <u>25 hrs</u>   |  |
| TOWN <u>Easton, md.</u>   |  | CITY (If outside corporate limits, write RURAL and give nearest town)<br>OR<br>TOWN <u>Federalsburg</u>           |  |
| HOSPITAL OR<br>INSTITUTION OR<br>STREET ADDRESS <u>Easton Memorial Hospital</u>   |  | STREET<br>ADDRESS <u>R.F.D. #1</u>  |  |
| 3. NAME OF<br>DECEASED<br>(Type or Print) <u>William</u>  |  | 4. DATE<br>OF<br>DEATH <u>Feb 13 1957</u>   |  |
| (First) <u>William</u>  |  | (Middle) <u>H. Lancaster</u>  |  |
| (Last) <u></u>  |  | (Month) <u></u> (Day) <u></u> (Year) <u>1957</u>  |  |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>W</u>   |  |
| 7. SINGLE, MARRIED,<br>WIDOWED, DIVORCED,<br>(Specify) <u>M.</u>  |  | 8. DATE OF BIRTH <u>November 25, 1901</u>   |  |
| 10a. USUAL OCCUPATION (Give kind of work<br>done during most of working life, even if retired)<br><u>Saleeman - Farm Implement</u>  |  | 10b. KIND OF BUSINESS OR<br>INDUSTRY <u>unknown</u>   |  |
| 11. BIRTHPLACE (State or foreign country)<br><u>New York state</u>  |  | 12. CITIZEN OF WHAT<br>COUNTRY <u>U.S.A.</u>  |  |
| 13. FATHER'S NAME<br><u>Mr. William Lancaster</u>   |  | 14. MOTHER'S MAIDEN NAME<br><u>Alice Cronk</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <u>Yes</u>   |  | 16. SOCIAL SECURITY NO. <u>202-07-8518</u>  |  |
| 17. INFORMANT AND ADDRESS<br><u>Mr. Gladys M. Lancaster (wife)</u>  |  | 18. MEDICAL CERTIFICATION<br><u>202-07-8518 Federalsburg, Maryland</u>  |  |
| 19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH<br><u>5872 Immediate cause</u>   |  | INTERVAL/BETWEEN<br>ONSET AND DEATH<br><u>2 days</u>  |  |
| Antecedent cause(s)<br>Diseases or conditions, if any, giving rise to the above cause<br>stating the underlying cause last<br><u>128</u>  |  | <u>Gastric Pancreatitis</u><br><u>Pancreatic &amp; malfiunction</u><br><u>2 years</u>                             |  |
| 20. AUTOPSY?<br><u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>   |  |   |  |
| 21. ACCIDENT<br>SUICIDE<br>HOMICIDE<br>(Specify)  |  | PLACE (Home, farm, factory, street,<br>OF office bldg., etc.)<br><u>INJURY</u>                                    |  |
| TIME (Month) <u>2</u> (Day) <u>13</u> (Year) <u>1957</u>  |  | INJURY OCCURRED<br>While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>              |  |
| OF INJURY <u>m.</u>   |  | HOW DID INJURY OCCUR?<br><u>403</u>   |  |
| 22. I hereby certify that I attended the deceased from <u>2-11-1951</u> to <u>2-13-1951</u> , that I last saw the deceased<br>alive on <u>2-13-1951</u> , and that death occurred at <u>4:03 p.m.</u> from the causes and on the date stated above.<br>SIGNATURE <u>M. C. Cox</u> ADDRESS <u>Easton, md.</u> DATE SIGNED <u>2-15-51</u> |  |   |  |
| 23. BURIAL, CREMATION<br>REMOVAL (Specify) <u>Burial</u>  |  | DATE THEREOF <u>2/16/51</u>   |  |
| DATE REC'D BY LOCAL REG. <u>2/14/51</u>   |  | NAME OF CEMETERY OR CREMATORIAL <u>Hillside</u> LOCATION (City, town, or county) <u>Roslyn</u> (State) <u>Pa.</u> |  |
| REG. <u>2/14/51</u>   |  | REGISTRAR'S SIGNATURE <u>M. N. Neeris</u> ADDRESS <u>Waukeag &amp; Leacock &amp; Son</u>                          |  |
| 24. FUNERAL DIRECTOR <u>490617</u>  |  | ADDRESS   |  |



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1851

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

|   |                      |   |  |
|---|----------------------|---|--|
| 1. PLACE OF DEATH<br>COUNTY <i>Salisbury</i>  |                      | 2. USUAL RESIDENCE (HOME) OF DECEASED<br>STATE <i>Maryland</i> COUNTY <i>Salisbury</i>            |  |
| CITY (If outside corporate limits, write RURAL and<br>OR give nearest town) <i>Easton</i>                           |                      | CITY (If outside corporate limits, write RURAL and give nearest town)<br>OR<br>TOWN <i>Easton</i> |  |
| LENGTH OF STAY<br>(In this place) <i>7 yrs</i>  |                      | STREET<br>ADDRESS <i>Dover and Hanson St.</i> (If rural, give location)                           |  |
| HOSPITAL OR<br>INSTITUTION OR<br>STREET ADDRESS   |                      |   |  |
| 3. NAME OF<br>DECEASED<br>(Type or Print)   | (First) <i>Harry</i> | (Middle) <i>Belle</i>   | (Last) <i>Landen</i>   |
| 4. DATE<br>OF<br>DEATH  | (Month) <i>Feb.</i>  | (Day) <i>3</i>  | (Year) <i>1951</i>   |
| 5. SEX  | 6. COLOR OR RACE     | 7. SINGLE, MARRIED,<br>WIDOWED, DIVORCED,<br>(Specify) <i>Married</i>                             | 8. DATE OF BIRTH   |
| <i>Male</i>   | <i>White</i>         | <i>Feb 28, 1903</i>   | 9. AGE last birthday<br>yrs. <i>47</i>                       |
| 10a. USUAL OCCUPATION (Give kind of work<br>done during most of working life, even if retired)<br><i>Accountant</i> |                      | 10b. KIND OF BUSINESS OR<br>INDUSTRY <i>Tanning Business</i>                                      | 11. BIRTHPLACE (State or foreign country)<br><i>Maryland</i> |
| 13. FATHER'S NAME<br><i>John J. Landen</i>  |                      | 14. MOTHER'S MAIDEN NAME<br><i>Malvina Parks</i>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <i>No</i>                                      |                      | 16. SOCIAL SECURITY NO.<br><i>216-09-0031</i>   | 17. INFORMANT<br><i>Mrs. Jackie W. Landen (wife)</i>         |
| 18. MEDICAL CERTIFICATION   |                      |   |  |

MARGIN RESERVED FOR BINDING

1  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

5 min

?

420.1 Immediate cause

(a) *myocardial infarction*

93d Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause  
stating the underlying cause last(b) *H. C. V. D.*

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes  No 

|                                     |           |  |                       |          |         |
|-------------------------------------|-----------|--|-----------------------|----------|---------|
| 21. ACCIDENT<br>SUICIDE<br>HOMICIDE | (Specify) | PLACE (Home, farm, factory, street,<br>OF office bldg., etc.)<br>INJURY                    | (CITY OR TOWN)        | (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year)           | (Hour)    | INJURY OCCURRED<br>While at Work <input type="checkbox"/> At work <input type="checkbox"/> | HOW DID INJURY OCCUR? |          |         |
| OF<br>INJURY                        | m.        |  |                       |          |         |

22. I hereby certify that I attended the deceased from *2-3-*, 19*51*, to *2-3-*, 19*51*, that I last saw the deceasedalive on *2-3-*, 19*51*, and that death occurred at *6 a.m.* from the causes and on the date stated above.

SIGNATURE

(Degree or title)

DATE SIGNED

*B. Cox**m-d.**Easton**2-5-51*

|  |  |  |  |
|--|--|--|--|
| 23. BURIAL, CREMATION<br>REMOVAL (Specify) <i>Burial</i> | DATE THEREOF <i>Feb 6, 1951</i>            | NAME OF CEMETERY OR CREMATORIAL<br><i>Shawood Cemetery</i> | LOCATION (City, town, or county)<br>(State) <i>Shawood, Talbot County, Md.</i> |
| DATE REC'D BY LOCAL<br>REG. <i>2/4/51</i>                | REGISTRAR'S SIGNATURE <i>N. H. Neerius</i> | 24. FUNERAL DIRECTOR<br>ADDRESS <i>Bob Beck</i>            |  |

000408



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1852

290

Reg. Dist. No. ....

## CERTIFICATE OF DEATH

|  |                             |  |  |                                 |  |
|--|-----------------------------|--|--|---------------------------------|--|
| 1. PLACE OF DEATH<br>COUNTY Talbot   |                             |  | 2. USUAL RESIDENCE (HOME) OF DECEASED<br>STATE Maryland                                    |                                 |  |
| CITY (If outside corporate limits, write RURAL and<br>OR give nearest town)<br>TOWN Easton                     |                             |  | LENGTH OF STAY<br>(in this place)  |                                 |  |
| HOSPITAL OR<br>INSTITUTION OR<br>STREET ADDRESS<br>Vine Street   |                             |  | CITY (If outside corporate limits, write RURAL and give nearest town)<br>OR<br>TOWN Easton |                                 |  |
| 3. NAME OF<br>DECEASED<br>(Type or Print) William T. Murray  |                             |  | 4. DATE<br>OF<br>DEATH Feb. 6 1951   |                                 |  |
| 5. SEX<br>Male   | 6. COLOR OR RACE<br>Colored | 7. SINGLE, MARRIED,<br>WIDOWED, DIVORCED,<br>(Specify) Married | 8. DATE OF BIRTH<br>12/21/1883   | 9. AGE last birthday<br>67 yrs. | If under 1 year<br>Months 15 Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work<br>done during most of working life, even if retired)<br>Unknown      |                             |  | 10b. KIND OF BUSINESS OR<br>INDUSTRY<br>unknown  |                                 |  |
| 11. BIRTHPLACE (State or foreign country)<br>unknown   |                             |  | 12. CITIZEN OF WHAT<br>COUNTRY?  |                                 |  |
| 13. FATHER'S NAME<br>unknown   |                             |  | 14. MOTHER'S MAIDEN NAME<br>unknown  |                                 |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of<br>service) |                             |  | 16. SOCIAL SECURITY NO.  |                                 |  |
| 17. INFORMANT AND ADDRESS<br>Talbot Co. Welfare Board  |                             |  | 18. MEDICAL CERTIFICATION  |                                 |  |

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebral hemorrhage

INTERVAL BETWEEN  
ONSET AND DEATH

minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause  
stating the underlying cause last

(c)

## 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes  No 

|   |  |                       |          |         |
|---|--|-----------------------|----------|---------|
| 21. ACCIDENT<br>SUICIDE<br>HOMICIDE<br>TIME (Month)<br>OF<br>INJURY | (Specify)<br>PLACE (Home, farm, factory, street,<br>OF office bldg., etc.)<br>INJURY       | (CITY OR TOWN)        | (COUNTY) | (STATE) |
| Day (Year)<br>m.  | INJURY OCCURRED<br>While at Work <input type="checkbox"/> At work <input type="checkbox"/> | HOW DID INJURY OCCUR? |          |         |

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased

alive on....., 19....., and that death occurred at....., 5 P.m., from the causes and on the date stated above.  
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

|  |                                       |   |   |         |
|--|---------------------------------------|---|---|---------|
| 23. BURIAL, CREMATION<br>REMOVAL (Specify)<br>Burial | DATE THEREOF<br>2/9/51                | NAME OF CEMETERY OR CREMATORIAL<br>Richards     | LOCATION (City, town, or county)<br>Easton, Md. | (State) |
| DATE REC'D BY LOCAL<br>REG.<br>2/7/51                | REGISTRAR'S SIGNATURE<br>N. H. Nevius | 24. FUNERAL DIRECTOR<br>Maurice E. Newman & Son | ADDRESS<br>Caston, Md.                          |         |

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1853

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH  
CITY OR TOWN

Talbot County MARYLAND

CITY (If outside corporate limits, write RURAL and LENGTH OF STAY  
OR give nearest town) LENGTH OF STAY  
TOWN (in this place)HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS3. NAME OF  
DECEASED  
(Type or Print)(First) *Albert*(Middle) *M.*2. USUAL RESIDENCE (HOME) OF DECEASED  
CITY (If outside corporate limits, write RURAL and give nearest town)STATE  
CITY  
TOWN

Caston R.F.P. Talbot

STREET  
ADDRESS  
(If rural, give location)4. DATE  
OF  
DEATH(Month) (Day) (Year)  
2 21 1951

## 5. SEX

Male

6. COLOR OR RACE  
color10a. USUAL OCCUPATION (Give kind of work  
done during most of working life, even if retired)10b. KIND OF BUSINESS OR  
INDUSTRY

Crabber

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify)

S. DATE OF BIRTH

Aug 25-1878

## 9. AGE last birthday

72 yrs.

If under 1 year  
Months Days Hours Min.12. CITIZEN OF WHAT  
COUNTRY?

## 13. FATHER'S NAME

Albert Nixon

## 14. MOTHER'S MAIDEN NAME

Nora Johnson Dot Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of  
service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT AND ADDRESS

Albert Nixon

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause

(a)

Coronary occlusion

INTERVAL BETWEEN  
ONSET AND DEATH

Jan 1

## Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause  
stating the underlying cause last

(b)

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes  No 21. ACCIDENT  
SUICIDE  
HOMICIDE

## (Specify)

PLACE (Home, farm, factory, street,  
OF office bldg., etc.)  
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED  
OF While at Not While  
INJURY m. Work  At work  HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19....., to 19....., that I last saw the deceased

alive on 19....., and that death occurred at c 5 p.m., from the causes and on the date stated above.  
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis H. Neary

M.D. D.M.D. Easton Md

2-22-57

23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county)  
REMOVAL (Specify) 2/24/51 Trap Cemetery Trap, Md (State)

DATE REC'D BY LOCAL REG. 2/23/51 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

N. H. Neary Lewis H. Bayne

9/10/26



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

1854

|  |                           |   |                                  |
|--|---------------------------|---|----------------------------------|
| 1. PLACE OF DEATH<br>COUNTY<br>Talbot  |                           | 2. USUAL RESIDENCE (HOME) OF DECEASED<br>STATE<br>Maryland                              |                                  |
| CITY (If outside corporate limits, write RURAL and<br>OR give nearest town)<br>TOWN<br>Easton                        |                           | LENGTH OF STAY<br>(in this place)<br>32 days  |                                  |
| HOSPITAL OR<br>INSTITUTION OR<br>STREET ADDRESS<br>Memorial Hospital   |                           | CITY (If outside corporate limits, write RURAL and give nearest town)<br>TOWN<br>Easton |                                  |
| 3. NAME OF<br>DECEASED<br>(First)<br>Mr. Sherman Francis   |                           | 4. DATE<br>OF<br>DEATH<br>Feb. 3 1951   |                                  |
| 5. SEX<br>Male   | 6. COLOR OR RACE<br>white | 7. SINGLE, MARRIED,<br>WIDOWED, DIVORCED<br>(Specify)<br>Married                        | 8. DATE OF BIRTH<br>Aug 10, 1906 |
| 10a. USUAL OCCUPATION (Give kind of work<br>done during most of working life, even if retired)<br>Deputy Sheriff     |                           | 10b. KIND OF BUSINESS OR<br>INDUSTRY<br>Stamps  |                                  |
| 13. FATHER'S NAME<br>Henry H. Phillips   |                           | 11. BIRTHPLACE (State or foreign country)<br>Md Cambridge                               |                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of<br>service)<br>No |                           | 12. CITIZEN OF WHAT<br>COUNTRY<br>USA   |                                  |
| 16. SOCIAL SECURITY NO.<br>219-12-9887   |                           | 14. MOTHER'S MAIDEN NAME<br>Anna Sherman  |                                  |
| 17. INFORMANT AND ADDRESS<br>Mrs Anna Phillips   |                           | 18. MEDICAL CERTIFICATION<br>Carcinoma of the rectum<br>with liver metastases           |                                  |

INTERVAL BETWEEN  
ONSET AND DEATH

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

|             |  |
|-------------|--|
| 154x<br>46d | Immediate cause<br>(a) Carcinoma of the rectum<br>with liver metastases  |
|             | Antecedent cause(s)<br>Diseases or conditions, if any, giving rise to the above cause<br>stating the underlying cause last<br>(b) _____<br>(c) _____ |

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

|  |  |   |
|--|--|---|
| 19a. DATE OF OPERATION                           | 19b. MAJOR FINDINGS OF OPERATION<br>Carcinoma of rectum - c liver metastases               | 20. AUTOPSY?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 21. ACCIDENT<br>SUICIDE<br>HOMICIDE<br>(Specify) | PLACE (Home, farm, factory, street,<br>OF office bldg., etc.)<br>INJURY                    | (CITY OR TOWN)<br>(CITY OR TOWN)  |
| TIME (Month) (Day) (Year) (Hour)<br>OF<br>INJURY | INJURY OCCURRED<br>While at Work <input type="checkbox"/> At work <input type="checkbox"/> | HOW DID INJURY OCCUR?<br>_____  |

22. I hereby certify that I attended the deceased from 1788, 1951, to 2 Feb, 1951, that I last saw the deceased alive on Feb. 3, 1951, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

|  |                                       |   |   |
|--|---------------------------------------|---|---|
| 23. BURIAL, CREMATION<br>REMOVAL (Specify)<br>Burial | DATE THEREOF<br>2/6/51                | NAME OF CEMETERY OR CREMATORIAL<br>Spring Hill  | LOCATION (City, town, or county)<br>Easton Md |
| DATE REC'D BY LOCAL<br>REG.<br>2/4/51                | REGISTRAR'S SIGNATURE<br>H. E. Neelis | 24. FUNERAL DIRECTOR<br>ADDRESS<br>H. E. Neelis |   |

782936



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1855

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

|  |                          |  |   |                         |  |
|--|--------------------------|--|---|-------------------------|--|
| 1. PLACE OF DEATH<br>COUNTY Talbot   |                          |  | 2. USUAL RESIDENCE (HOME) OF DECEASED<br>STATE Maryland                                     |                         |  |
| CITY (If outside corporate limits, write RURAL and<br>OR give nearest town) Cordova rural                        |                          |  | LENGTH OF STAY<br>(in this place)   |                         |  |
| HOSPITAL OR<br>INSTITUTION OR<br>STREET ADDRESS rural  |                          |  | CITY (If outside corporate limits, write RURAL and give nearest town)<br>OR<br>TOWN Cordova |                         |  |
| 3. NAME OF<br>DECEASED<br>(Type or Print) William  |                          |  | 4. DATE<br>OF<br>DEATH Feb. 7 1851  |                         |  |
| 5. SEX Male  | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED,<br>WIDOWED, DIVORCED,<br>(Specify) Married | 8. DATE OF BIRTH 2/1/1875   | 9. AGE last birthday 76 | If under 1 year<br>Months 0<br>Days 6<br>Hours 6<br>Min. 6 |
| 10a. USUAL OCCUPATION (Give kind of work<br>done during most of working life, even if retired)<br>Farmer Laborer |                          |  | 10b. KIND OF BUSINESS OR<br>INDUSTRY  |                         |  |
| 11. BIRTHPLACE (State or foreign country)<br>Maryland  |                          |  | 12. CITIZEN OF WHAT<br>COUNTRY?   |                         |  |
| 13. FATHER'S NAME Frederick Richardson   |                          |  | 14. MOTHER'S MAIDEN NAME Lettie Horney  |                         |  |
| 15. WAS DECREASER EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of<br>service)  |                          |  | 16. SOCIAL SECURITY NO. none  |                         |  |
| 17. INFORMANT AND ADDRESS<br>David Shockley, Baltimore   |                          |  | 18. MEDICAL CERTIFICATION   |                         |  |

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

Immediate cause (a) Metastatic ca to pelvic bone month

Antecedent cause(s) 516 (b) Prostate carcinoma yrs.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Chronic myocardial Disease yrs.

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

|  |  |   |                |                  |
|--|--|---|----------------|------------------|
| 19a. DATE OF OPERATION                           | 19b. MAJOR FINDINGS OF OPERATION   |   |                | 20. AUTOPSY?     |
| 21. ACCIDENT<br>SUICIDE<br>HOMICIDE<br>(Specify) |  | PLACE (Home, farm, factory, street,<br>OF office bldg., etc.) | (CITY OR TOWN) | (COUNTY) (STATE) |
| INJURY   |  |   |                |                  |
| TIME (Month) (Day) (Year) (Hour)<br>OF<br>INJURY | INJURY OCCURRED<br>While at<br>m. Work <input type="checkbox"/> At work <input type="checkbox"/> | HOW DID INJURY OCCUR?   |                |                  |

22. I hereby certify that I attended the deceased from 1-1, 1950, to 2-7, 1951, that I last saw the deceased

alive on 2-6, 1951, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. J. Bell

E. J.

Easton, Md.

2-7-51

|  |                                       |  |  |
|--|---------------------------------------|--|--|
| 23. BURIAL, CREMATION<br>REMOVAL (Specify)<br>Burial | DATE THEREOF<br>2/11/51               | NAME OF CEMETERY OR CREMATORIAL<br>Newtown     | LOCATION (City, town, or county)<br>Cordova, Md. |
| DATE REC'D BY LOCAL<br>REG.<br>2/8/51                | REGISTRAR'S SIGNATURE<br>N. H. Nevius | 24. FUNERAL DIRECTOR<br>Hawthorne Funeral Home | ADDRESS<br>970116 Greenbush, Md.                 |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

WW

I

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1856

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

|  |       |  |   |   |  |
|--|-------|--|---|---|--|
| 1. PLACE OF DEATH<br>COUNTY <u>Talbot</u>  |       |  | 2. USUAL RESIDENCE (HOME) OF DECEASED<br>STATE <u>Maryland</u><br>COUNTY <u>Talbot</u>      |   |  |
| CITY (If outside corporate limits, write RURAL and<br>OR give nearest town)<br>TOWN <u>Easton</u>  |       |  | CITY (If outside corporate limits, write RURAL and give nearest town)<br>TOWN <u>Easton</u> |   |  |
| HOSPITAL OR<br>INSTITUTION OR<br>STREET ADDRESS  |       |  | STREET<br>ADDRESS <u>Hanover Street</u>   |   |  |
| 3. NAME OF<br>DECEASED<br>(Type or Print) <u>Pauline</u>   |       |  | 4. DATE<br>OF<br>DEATH <u>Feb. 1, 1957</u>  |   |  |
| 5. SEX <u>Female</u>   |       |  | 6. COLOR OR RACE <u>White</u>   |   |  |
| 7. SINGLE, MARRIED,<br>WIDOWED, DIVORCED,<br>(Specify) <u>Single</u>   |       |  | 8. DATE OF BIRTH <u>July 18, 1870</u>   |   |  |
| 10a. USUAL OCCUPATION (Give kind of work<br>done during most of working life, even if retired)<br><u>Housekeeper</u>   |       |  | 9. AGE last birthday <u>80</u><br>yrs. <u>1957</u>  |   |  |
| 10b. KIND OF BUSINESS OR<br>INDUSTRY <u>Home Owner</u>   |       |  | 11. BIRTHPLACE (State or foreign country)<br><u>Ind</u>                                     |   |  |
| 13. FATHER'S NAME <u>Charles F. Doubtby</u>  |       |  | 14. MOTHER'S MAIDEN NAME <u>Mary A. Smithies</u>  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES<br>(Yes, no, or unknown) <u>No</u>  |       |  | 16. SOCIAL SECURITY NO. <u>None</u>   |   |  |
| 17. INFORMANT <u>Mrs May Kinimion</u>  |       |  | 18. MEDICAL CERTIFICATION <u>(Burial)</u>   |   |  |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH<br><u>Senility</u>   |       |  |   |   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not<br>related to the disease or condition causing death.<br><u>Fractured femur - senility</u> - 8-3-49   |       |  |   |   |  |
| 19a. DATE OF OPERATION   |       | 19b. MAJOR FINDINGS OF OPERATION   |   | 20. AUTOPSY?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| 21. ACCIDENT<br>SUICIDE<br>HOMICIDE<br>(Specify)   |       | PLACE (Home, farm, factory, street,<br>OF office bldg., etc.)<br><u>INJURY</u> |   | (CITY OR TOWN) <u>Easton</u><br>(COUNTY) <u>Talbot</u><br>(STATE) <u>Md</u>   |  |
| TIME (Month)<br>OF<br>INJURY   | (Day) | (Year)   | (Hour)<br>m.  | INJURY OCCURRED<br>While at Work <input type="checkbox"/> At work <input type="checkbox"/>                          | HOW DID INJURY OCCUR?<br>Not While Work <input type="checkbox"/> |
| 22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased<br>alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.<br>SIGNATURE <u>Pauline</u> (Degree or title) <u>Wife</u> ADDRESS <u>101 Hanover Street</u> DATE SIGNED <u>2-2-51</u> |       |  |   |   |  |
| 23. BURIAL, CREMATION<br>REMOVAL (Specify) <u>Burial</u>   |       | DATE THEREOF <u>2/3/57</u>   |   | NAME OF CEMETERY OR CREMATORIAL <u>Spring Hill</u> LOCATION (City, town, or county) <u>Easton</u> (State) <u>Md</u> |  |
| DATE REC'D BY LOCAL<br>REG. <u>2/2/57</u>  |       | REGISTRAR'S SIGNATURE <u>M. H. Neerix</u>                                      |   | 24. FUNERAL DIRECTOR <u>John Clark</u> ADDRESS <u>Easton Md</u>   |  |



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1857

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

|  |                            |  |                                      |  |                                     |  |                                    |
|--|----------------------------|--|--------------------------------------|--|-------------------------------------|--|------------------------------------|
| 1. PLACE OF DEATH:<br>COUNTY <i>Jacob</i>  |                            | MARYLAND   |                                      | 2. USUAL RESIDENCE (HOME) OF DECEASED:<br>STATE <i>Maryland</i>  |                                     | COUNTY <i>Jacob</i>  |                                    |
| CITY (If outside corporate limits, write RURAL and<br>OR give nearest town)<br>TOWN <i>Quail Cordova</i>   |                            | LENGTH OF STAY<br>(in this place)<br><i>5 yrs</i>  |                                      | CITY (If outside corporate limits, write RURAL and give nearest town)<br>OR<br>TOWN <i>Quail Cordova</i> |                                     | STREET<br>(If rural, give location)<br>ADDRESS                       |                                    |
| HOSPITAL OR<br>INSTITUTION OR<br>STREET ADDRESS  |                            |  |                                      |  |                                     |  |                                    |
| 3. NAME OF<br>DECEASED<br>(Type or Print)  | (First) <i>Chris</i>       | (Middle) <i>J.</i>   | (Last) <i>Schlatzhauser</i>          | 4. DATE<br>OF<br>DEATH   | (Month) <i>Feb.</i>                 | (Day) <i>10</i>  | (Year) <i>1951</i>                 |
| 5. SEX <i>M.</i>   | 6. COLOR OR RACE <i>W.</i> | 7. SINGLE, MARRIED,<br>WIDOWED, DIVORCED<br>(Specify) <i>Married</i>                       | 8. DATE OF BIRTH <i>Aug 10, 1868</i> | 9. AGE last birthday<br>8 yr   | If under 1 year<br>Months. <i>0</i> | If under 24 hrs.<br>Days <i>0</i>                                    | If under 24 hrs.<br>Hours <i>0</i> |
| 10a. USUAL OCCUPATION (Give kind of work<br>done during most of working life, even if retired)<br><i>Farmer</i>  |                            | 10b. KIND OF BUSINESS OR<br>INDUSTRY <i>Farm Owner</i>                                     |                                      | 11. BIRTHPLACE (State or foreign country) <i>Germany</i>   |                                     | 12. CITIZEN OF WHAT<br>COUNTRY <i>U.S.</i>                           |                                    |
| 13. FATHER'S NAME <i>Not Known</i>   |                            |  |                                      | 14. MOTHER'S MAIDEN NAME <i>Not Known</i>  |                                     |  |                                    |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <i>No</i>   |                            | 16. SOCIAL SECURITY NO. <i>None</i>  |                                      | 17. INFORMANT AND ADDRESS<br><i>Chris Schlatzhauser Jr. Cordova Md</i>                                   |                                     | INTERVAL BETWEEN<br>ONSET AND DEATH<br><i>2 wks</i>                  |                                    |
| 18. MEDICAL CERTIFICATION  |                            |  |                                      |  |                                     |  |                                    |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH<br><br>332x Immediate cause (a) <i>Cerebral thrombosis - right hemiparesis</i><br><br>83b Antecedent cause(s) (b) <i>Cerebral arteriosclerosis</i><br><br>Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c)  |                            |  |                                      |  |                                     |  |                                    |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |                            |  |                                      |  |                                     |  |                                    |
| 19a. DATE OF OPERATION   |                            | 19b. MAJOR FINDINGS OF OPERATION   |                                      |  |                                     |  |                                    |
| 21. ACCIDENT<br>SUICIDE<br>HOMICIDE<br>(Specify)   |                            | PLACE (Home, farm, factory, street,<br>OF office bldg., etc.)<br>INJURY                    |                                      | (CITY OR TOWN)   |                                     | (COUNTY) (STATE)   |                                    |
| TIME (Month) (Day) (Year) (Hour)<br>OF<br>INJURY   |                            | INJURY OCCURRED<br>While at Work <input type="checkbox"/> At work <input type="checkbox"/> |                                      | HOW DID INJURY OCCUR?  |                                     |  |                                    |
| 22. I hereby certify that I attended the deceased from <i>30 Sept</i> , 19 <i>50</i> , to <i>10 Feb</i> , 19 <i>51</i> , that I last saw the deceased<br>alive on <i>4 Feb</i> , 19 <i>51</i> , and that death occurred at <i>9:30 P</i> m., from the causes and on the date stated above.<br>SIGNATURE <i>Thomas Hanan</i> (Degree or title) <i>b.o.</i> ADDRESS <i>Cath. Maryland</i> DATE SIGNED <i>13 Feb 51</i> |                            |  |                                      |  |                                     |  |                                    |
| 23. BURIAL, CREMATION<br>REMOVAL (Specify) <i>Buried</i>   |                            | DATE <i>Feb. 13, 1951</i>  |                                      | NAME OF CEMETERY OR CREMATORIAL <i>Spring Valley</i>   |                                     | LOCATION (City, town, or county) <i>Baltimore</i> (State) <i>Md.</i> |                                    |
| DATE REC'D BY LOCAL REG. <i>2/11/51</i>  |                            | REGISTRAR'S SIGNATURE <i>N. H. Nease</i>   |                                      | 24. FUNERAL DIRECTOR <i>Altaire</i>  |                                     | ADDRESS <i>Balt. Md.</i>   |                                    |



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1858

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH<br>COUNTY Talbot  |   | 2. USUAL RESIDENCE (HOME) OF DECEASED<br>STATE Maryland  |   |
| CITY (If outside corporate limits, write RURAL and<br>OR give nearest town) TOWN Easton   |   | CITY (If outside corporate limits, write RURAL and give nearest town)<br>OR TOWN Queenstown, Maryland          |   |
| HOSPITAL OR<br>INSTITUTION OR<br>STREET ADDRESS Memorial Hospital   |   | STREET<br>ADDRESS  |   |
| 3. NAME OF<br>DECEASED<br>(Type or Print)   | (First) W. Washington   | (Middle)   | (Last) Tuttle   |
| 4. DATE<br>OF<br>DEATH  | (Month) 2   | (Day) 2  | (Year) 1951   |
| 5. SEX  | 6. COLOR OR RACE<br>Male white  | 7. SINGLE, MARRIED,<br>WIDOWED, DIVORCED<br>(Specify) Married  | 8. DATE OF BIRTH<br>Sept 20, 1888   |
| 9. AGE last birthday<br>yrs.  | 10. USUAL OCCUPATION (Give kind of work<br>done during most of working life, even if retired)<br>Casher | 10b. KIND OF BUSINESS OR<br>INDUSTRY<br>Banker   | 11. BIRTHPLACE (State or foreign country)<br>New York Rochester   |
| 12. CITIZEN OF WHAT<br>COUNTRY  | 13. FATHER'S NAME<br>W. Washington Tuttle   |  |   |
| 14. MOTHER'S MARRIED NAME<br>Marie Fisherbach   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of<br>service) |   |
| 16. SOCIAL SECURITY NO. 216-05-6845   |   | 17. INFORMANT AND ADDRESS<br>Mrs Elizabeth Tuttle  |   |
| 18. MEDICAL CERTIFICATION<br>216-05-6845  |   |  |   |
| 19. I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH<br>420.1 Immediate cause (a) <i>Arteria</i><br>94a Antecedent cause(s) (b) <i>Arterial atherosclerosis</i><br>Diseases or conditions, if any, giving rise to the above cause<br>stating the underlying cause last (c) <i>Myocardial infarction, due arteriosclerosis</i><br>Cerebral thrombosis |   |  |   |
| 20. INTERVAL BETWEEN<br>ONSET AND DEATH<br>8 days   |   |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not<br>related to the disease or condition causing death.  |   |  |   |
| 19a. DATE OF OPERATION  |   | 19b. MAJOR FINDINGS OF OPERATION   |   |
| 21. ACCIDENT<br>SUICIDE<br>HOMICIDE   |   | PLACE (Home, farm, factory, street,<br>OF office bldg., etc.)<br>INJURY  |   |
| TIME (Month) (Day) (Year) (Hour)<br>OF<br>INJURY  |   | INJURY OCCURRED<br>While at Work <input type="checkbox"/> At work <input type="checkbox"/>                     | HOW DID INJURY OCCUR?<br>Not While <input type="checkbox"/>   |
| 22. I hereby certify that I attended the deceased from 25th, 1951, to 2 Feb., 1951, that I last saw the deceased<br>alive on 2 Feb., 1951, and that death occurred at 12:45 P.M., from the causes and on the date stated above.<br>SIGNATURE <i>W. Washington</i> ADDRESS <i>Easton, Maryland</i> DATE SIGNED <i>2 Feb 51</i>                           |   |  |   |
| 23. BURIAL, CREMATION<br>REMOVAL (Specify) <i>Buried</i>  |   | DATE THEREOF 2/5/51  | NAME OF CEMETERY OR CREMATORIAL <i>Old Wye</i> LOCATION (City, town, or county) <i>Wye Mills Md</i> (State) |
| DATE REC'D BY LOCAL REG. 2/2/51   |   | REGISTRAR'S SIGNATURE <i>W. H. Neerius</i>   | 24. FUNERAL DIRECTOR ADDRESS <i>Barton Bros Centerville Md</i>  |



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1850

## CERTIFICATE OF DEATH

Reg. Dist. No. 294

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>COUNTY   |  | 2. USUAL RESIDENCE (HOME) OF DECEASED<br>STATE                                |  |
| <i>Talbot Co., Maryland</i>   |  | <i>Maryland</i>   |  |
| CITY (If outside corporate limits, write RURAL and<br>OR give nearest town)   |  | LENGTH OF STAY<br>(in this place)   |  |
| TOWN <i>RURAL</i>   |  | LIFE  |  |
| HOSPITAL OR<br>INSTITUTION OR<br>STREET ADDRESS   |  | STREET<br>ADDRESS   |  |
| 3. NAME OF<br>DECEASED<br>(Type or Print)   | (First) <i>Robert</i>  | (Middle)  | (Last) <i>WARNER</i>   |
| 4. SEX  | 6. COLOR OR RACE<br><i>MALE</i>  | 7. SINGLE, MARRIED,<br>WIDOWED, DIVORCED.<br>(Specify) <i>MARRIED</i>         | 4. DATE<br>OF<br>DEATH <i>Feb. 28 1951</i>                                   |
| 10a. USUAL OCCUPATION (Give kind of work<br>done during most of working life, even if retired)  | 10b. KIND OF BUSINESS OR<br>INDUSTRY<br><i>LABORER</i>   | 8. DATE OF BIRTH<br><i>Mar. 26 - 1882</i>                                     | 9. AGE last birthday<br>68 yrs.  |
| 11. BIRTHPLACE (State or foreign country)<br><i>Talbot County - Md.</i>   | 12. CITIZEN OF WHAT<br>COUNTRY <i>USA</i>  |   |  |
| 13. FATHER'S NAME<br><i>William WARNER</i>  | 14. MOTHER'S MAIDEN NAME<br><i>Elizabeth Johnson</i>   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <i>No</i>  | 16. SOCIAL SECURITY NO.<br><i>No</i>   | 17. INFORMANT AND ADDRESS<br><i>HELENA WARNER</i>                             |  |
| 18. MEDICAL CERTIFICATION   |  |   |  |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   |  |   |  |
| Immediate cause<br><i>Cerebral Hemorrhage</i>   | (a) <i>Cerebral Hemorrhage</i>   | INTERVAL BETWEEN<br>ONSET AND DEATH<br><i>2 days</i>                          |  |
| Antecedent cause(s)<br>Diseases or conditions, if any,<br>giving rise to the above cause<br>stating the underlying cause last<br><i>92d</i>   | (b) <i>Hypertension decompensata, leading to</i>   |   |  |
|   | (c)  |   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not<br>related to the disease or condition causing death.  |  |   |  |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>      |  |
| 21. ACCIDENT<br>SUICIDE<br>HOMICIDE<br><i>42104</i>   | (Specify) <i>PLACE (Home, farm, factory, street,<br/>of office bldg., etc.)<br/>INJURY</i>       | (CITY OR TOWN)  | (COUNTY)   |
| TIME (Month) (Day) (Year) (Hour)<br>OF<br>INJURY  | INJURY OCCURRED<br>While at Work <input type="checkbox"/> At work <input type="checkbox"/><br>m. | HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <i>Jan. 1951</i> to <i>Feb. 28 1951</i> , that I last saw the deceased<br>alive on <i>Feb. 25 1951</i> , and that death occurred at <i>830</i> m., from the causes and on the date stated above.<br>SIGNATURE <i>Elspeth Warner</i> (Degree or title) <i>ADDRESS</i> DATE SIGNED <i>Feb. 28 1951</i> |  |   |  |
| 23. BURIAL, CREMATION<br>REMOVAL (Specify)<br><i>Burial</i>   | DATE THEREOF<br><i>3/3/51</i>  | NAME OF CEMETERY OR CREMATORIUM<br><i>Wittman</i>                             | LOCATION (City, town, or county)<br>(State)<br><i>Wittman, Md Talbot Md.</i> |
| DATE REC'D BY LOCAL<br>REG.   | REGISTRAR'S SIGNATURE<br><i>G. Wesley Sewell</i>   | 24. FUNERAL DIRECTOR<br>ADDRESS<br><i>Norman D. Marshall St. Michaels, Md</i> |  |

22.018  
20340

---

1.673





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1861

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

|  |  |   |          |   |                        |                                      |   |
|--|--|---|----------|---|------------------------|--------------------------------------|---|
| 1. PLACE OF DEATH:<br>CITY (If outside corporate limits, write RURAL and<br>give nearest town)<br>TOWN         |  | MARYLAND<br>LENGTH OF STAY<br>(in this place)         |          | 2. USUAL RESIDENCE (HOME) OF DECEASED:<br>CITY (If outside corporate limits, write RURAL and give nearest town)<br>TOWN |                        | COUNTY<br>Maryland<br>Cordova R.F.D. |   |
| HOSPITAL OR<br>INSTITUTION OR<br>STREET ADDRESS  |  |   |          | STREET<br>ADDRESS   |                        |                                      |   |
| 3. NAME OF<br>DECEASED<br>(Type or Print)  |  | (First)   | (Middle) | (Last)  | 4. DATE<br>OF<br>DEATH |                                      | (Month) (Day) (Year)                      |
| 5. SEX   |  | MALE  | C        | CHARLES HENRY WILKINS   | Feb. 8                 |                                      | 1951                                      |
| 6. COLOR OR RACE   |  | 7. SINGLE, MARRIED,<br>WIDOWED, DIVORCED<br>(Specify) |          | 8. DATE OF BIRTH  | 9. AGE last birthday   |                                      | If under 1 year<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work<br>done during most of working life, even if retired)                 |  | 10b. KIND OF BUSINESS OR<br>INDUSTRY                  |          | Sept 29 1882  | 69                     |                                      | 4 10                                      |
| 11. FATHER'S NAME  |  | 12. CITIZEN OF WHAT<br>COUNTRY?                       |          | 11. BIRTHPLACE (State or foreign country)   |                        | 12. CITIZEN OF WHAT<br>COUNTRY?      |   |
| Andrew Wilkins   |  |   |          | Talbot Co. Cordova Md. U.S.A.   |                        |                                      |   |
| 13. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of<br>service) |  | 14. MOTHER'S MAIDEN NAME                              |          | 15. SOCIAL SECURITY NO.   |                        | 16. INFORMANT AND ADDRESS            |   |
| No   |  | Mary Elizabeth Johnson                                |          | 213-22-8118   |                        | Mary Wilkins.                        |   |

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 Immediate cause (a)

93d Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause  
stating the underlying cause last (b)II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

|                                     |                    |  |                       |          |         |
|-------------------------------------|--------------------|--|-----------------------|----------|---------|
| 21. ACCIDENT<br>SUICIDE<br>HOMICIDE | (Specify)          | PLACE (Home, farm, factory, street,<br>OF office bldg., etc.)<br>INJURY                    | (CITY OR TOWN)        | (COUNTY) | (STATE) |
| TIME (Month)<br>OF<br>INJURY        | (Day) (Year)<br>m. | INJURY OCCURRED<br>While at Work <input type="checkbox"/> At work <input type="checkbox"/> | HOW DID INJURY OCCUR? |          |         |

22. I hereby certify that I attended the deceased from 1-1, 1950, to 2-8, 1951, that I last saw the deceased

alive on 2-7, 1951, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

|  |               |                                 |   |
|--|---------------|---------------------------------|---|
| 23. BURIAL, CREMATION<br>REMOVAL (Specify) | DATE          | NAME OF CEMETERY OR CREMATORIAL | LOCATION (City, town, or county)<br>(State) |
| REG. 2/9/51                                | Feb. 12, 1951 | Newton Cemetery                 | Cordova Md.                                 |

|                                    |                                      |  |
|------------------------------------|--------------------------------------|--|
| DATE REC'D BY LOCAL<br>REG. 2/9/51 | REGISTRAR'S SIGNATURE<br>N. H. Nease | 24. FUNERAL DIRECTOR<br>ADDRESS<br>Calvert Cofferd Easton Md<br>970116 |
|------------------------------------|--------------------------------------|--|



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1862

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>COUNTY<br><i>Salisbury, Md.</i>  |  | 2. USUAL RESIDENCE (HOME) OF DECEASED<br>STATE<br><i>Md.</i>   |  |
| CITY (If outside corporate limits, write RURAL and<br>OR give nearest town)<br>TOWN<br><i>Easton, Md.</i>   |  | CITY (If outside corporate limits, write RURAL and give nearest town)<br>OR<br>TOWN<br><i>Goldshire</i>                          |  |
| HOSPITAL OR<br>INSTITUTION OR<br>STREET ADDRESS<br><i>Easton Memorial</i>   |  | STREET<br>ADDRESS<br><i>(If rural, give location)</i>  |  |
| 3. NAME OF<br>DECEASED<br>(Type or Print)<br><i>Martha</i>  |  | 4. DATE<br>OF<br>DEATH<br><i>Feb. 25- 1957</i>   |  |
| 5. SEX<br><i>f.</i>   |  | 6. COLOR OR RACE<br><i>white</i>   |  |
| 7. SINGLE, MARRIED,<br>WIDOWED, DIVORCED.<br>(Specify)<br><i>Widow</i>  |  | 8. DATE OF BIRTH<br><i>June 16 1890</i>  |  |
| 10a. USUAL OCCUPATION (Give kind of work<br>done during most of working life, even if retired)<br><i>Housewife</i>  |  | 10b. KIND OF BUSINESS OR<br>INDUSTRY<br><i>Unknown</i>   |  |
| 11. BIRTHPLACE (State or foreign country)<br><i>Maryland</i>  |  | 12. CITIZEN OF WHAT<br>COUNTRY?<br><i>U.S.A.</i>   |  |
| 13. FATHER'S NAME<br><i>Eliza Bentley</i>   |  | 14. MOTHER'S MAIDEN NAME<br><i>Mary Jane</i>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown)   (If yes, give war or dates of<br>service)<br><i>Unknown</i>  |  | 16. SOCIAL SECURITY NO.<br><i>Unknown</i>  |  |
| 17. INFORMANT AND ADDRESS<br><i>Mrs Eddie Turner</i>  |  | 18. MEDICAL CERTIFICATION<br><i>Congestive Heart Failure<br/>Lung Thrombosis</i>   |  |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   |  |  |  |
| Immediate cause<br><i>Congestive Heart Failure</i>  |  |  |  |
| Antecedent cause(s)<br>Diseases or conditions, if any, giving rise to the above cause<br>stating the underlying cause last<br><i>Lung Thrombosis</i>  |  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  |
| 21. ACCIDENT<br>SUICIDE<br>HOMICIDE<br>(Specify)  |  | PLACE (Home, farm, factory, street,<br>OF office bldg., etc.)<br>INJURY  |  |
| TIME (Month) (Day) (Year) (Hour)<br>OF INJURY   |  | INJURY OCCURRED<br>While at Work <input type="checkbox"/> At work <input type="checkbox"/><br>Not While <input type="checkbox"/> |  |
|   |  | HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <i>Feb. 18, 1951</i> , to <i>Feb. 25, 1951</i> , that I last saw the deceased alive on <i>Feb. 24, 1951</i> and that death occurred at <i>12:01 a.m.</i> from the causes and on the date stated above. |  |  |  |
| SIGNATURE<br><i>M. C. Palmer</i>  |  | (Degree or title)<br>ADDRESS<br><i>Easton, Md.</i>   |  |
| DATE SIGNED<br><i>4/28/51</i>   |  |  |  |
| 23. BURIAL, CREMATION<br>REMOVAL (Specify)<br><i>Buried</i>   |  | DATE THEREOF<br><i>2/27/51</i>   |  |
| REG. NO.<br><i>123456</i>   |  | NAME OF CEMETERY OR CREMATORIAL<br><i>Greensboro</i>   |  |
| REGISTRAR'S SIGNATURE<br><i>M. H. Nease</i>   |  | LOCATION (City, town, or county)<br>(State)<br><i>Greensboro, Md.</i>  |  |
| 24. FUNERAL DIRECTOR<br><i>R. B. Rawlings</i>   |  | ADDRESS<br><i>Greensboro, Md.</i>  |  |



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1863

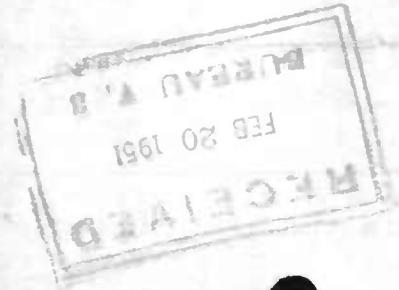
## CERTIFICATE OF DEATH

Reg. Dist. No. 290

|   |  |  |   |                                  |
|---|--|--|---|----------------------------------|
| 1. PLACE OF DEATH<br>COUNTY <u>Talbot</u>   |  | 2. USUAL RESIDENCE (HOME) OF DECEASED<br>STATE <u>Md</u>   |   |                                  |
| CITY (If outside corporate limits, write RURAL and<br>OR give nearest town)<br>TOWN <u>Easton</u>   |  | CITY (If outside corporate limits, write RURAL and give nearest town)<br>OR<br>TOWN <u>Easton</u>            |   |                                  |
| HOSPITAL OR<br>INSTITUTION OR<br>STREET ADDRESS   |  | STREET<br>ADDRESS <u>605 Dover Rd</u>  |   |                                  |
| 3. NAME OF<br>DECEASED<br>(Type or Print) <u>John</u>   |  | 4. DATE<br>OF<br>DEATH <u>2/8/57</u>   |   |                                  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u>            | 7. SINGLE, MARRIED,<br>WIDOWED, DIVORCED,<br>(Specify) <u>Single</u>   | 8. DATE OF BIRTH <u>Albert 1872 - 78</u>                            |                                  |
| 10a. USUAL OCCUPATION (Give kind of work<br>done during most of working life, even if retired)<br><u>Farm Labor</u>   |  | 10b. KIND OF BUSINESS OR<br>INDUSTRY <u>None</u>   | 9. AGE last birthday<br>If under 1 year<br>Months <u>78</u> yrs.    |                                  |
| 13. FATHER'S NAME<br><u>Unknown</u>   |  | 11. BIRTHPLACE (State or foreign country)<br><u>Talbot</u>   |   |                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <u>No</u>  |  | 16. SOCIAL SECURITY NO. <u> </u>   | 12. CITIZEN OF WHAT<br>COUNTRY? <u>U.S.A.</u>                       |                                  |
| 17. INFORMANT <u>Jessie Perkins</u>   |  | 14. MOTHER'S MAIDEN NAME <u>Unknown</u>  |   |                                  |
| 18. MEDICAL CERTIFICATION   |  |  |   |                                  |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   |  |  |   |                                  |
| Immediate cause <u>Renal heart Chronic Nephritis</u>  |  | Antecedent cause(s) <u> </u>   |   |                                  |
| 592X<br>131a  |  | Diseases or conditions, if any, giving rise to the above cause<br>stating the underlying cause last <u> </u> |   |                                  |
| 592X<br>131a  |  | (a) <u> </u>   |   |                                  |
| 592X<br>131a  |  | (b) <u> </u>   |   |                                  |
| 592X<br>131a  |  | (c) <u> </u>   |   |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not<br>related to the disease or condition causing death.  |  |  |   |                                  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |   |                                  |
| 20. AUTOPSY?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |  |   |                                  |
| 21. ACCIDENT<br>SUICIDE<br>HOMICIDE   | (Specify)                                | PLACE (Home, farm, factory, street,<br>OF office bldg., etc.)<br>INJURY                                      | (CITY OR TOWN)<br>(COUNTY)<br>(STATE)                               |                                  |
| TIME (Month)<br>OF<br>INJURY  | (Day)<br>m.                              | (Year)<br>While at<br>Work <input type="checkbox"/>  | (Hour)<br>Not While<br>At work <input type="checkbox"/>             | HOW DID INJURY OCCUR?<br>ADDRESS |
| 22. I hereby certify that I attended the deceased from <u>Mar. 16, 1947</u> , to <u>2/8, 1957</u> , that I last saw the deceased<br>alive on <u>Feb. 1, 1957</u> , and that death occurred at <u>1 P.M.</u> , from the causes and on the date stated above.<br>SIGNATURE <u>Hayward T. Self, M.D.</u> ADDRESS <u>Easton, Md.</u> DATE SIGNED <u>2/10/57</u> |  |  |   |                                  |
| 23. BURIAL, CREMATION<br>REMOVAL (Specify) <u>Burial</u>  | DATE THEREOF <u>2-12-57</u>              | NAME OF CEMETERY OR CREMATORIAL<br>REG. <u> </u>   | LOCATION (City, town, or county)<br>(State) <u>Easton, Md. R.D.</u> |                                  |
| DATE REC'D BY LOCAL<br>REG. <u>2/9/57</u>   | REGISTRAR'S SIGNATURE <u>H. H. Nease</u> | 24. FUNERAL DIRECTOR<br>ADDRESS <u>Booker M. West</u>  |   |                                  |
| Dalishay, Md.   |  |  |   |                                  |

78

John W. Wilson  
Bantum  
Elizabeth



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>COUNTY  |  | 2. USUAL RESIDENCE (HOME) OF DECEASED<br>STATE |  |
| Talbot   |  | MARYLAND<br>Maryland                           |  |
| CITY (If outside corporate limits, write RURAL and<br>OR give nearest town)<br>TOWN            |  | LENGTH OF STAY<br>(in this place)              |  |
| Chestertown, Md.   |  | 3 hrs.   |  |
| HOSPITAL OR<br>INSTITUTION OR<br>STREET ADDRESS  |  | Chestertown Memorial Hospital                  |  |
| 3. NAME OF<br>DECEASED<br>(Type or Print)  |  | (First) (Middle) (Last)                        |  |
| Mary   |  | Wilson   |  |
| 4. SEX   |  | 5. COLOR OR RACE                               |  |
| Fe.  |  | Black  |  |
| 10a. USUAL OCCUPATION (Give kind of work<br>done during most of working life, even if retired) |  | 10b. KIND OF BUSINESS OR<br>INDUSTRY           |  |
| Waitress   |  | nd   |  |
| 13. FATHER'S NAME  |  | 14. MOTHER'S MAIDEN NAME                       |  |
| Sam Bruce  |  | Lydia Phillips                                 |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown)                           |  | 16. SOCIAL SECURITY NO.                        |  |
| No   |  | Unknown  |  |
| 17. INFORMANT AND ADDRESS  |  | 18. MEDICAL CERTIFICATION                      |  |
| Louise Paxton  |  |  |  |

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause

(a)

General hemorrhage

INTERVAL BETWEEN  
ONSET AND DEATH

4 hrs

83a

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause  
stating the underlying cause last

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes  No 

|                                     |  |                                  |  |  |                       |          |         |
|-------------------------------------|--|----------------------------------|--|--|-----------------------|----------|---------|
| 21. ACCIDENT<br>SUICIDE<br>HOMICIDE |  | (Specify)                        |  | PLACE (Home, farm, factory, street,<br>OF office bldg., etc.)                              | (CITY OR TOWN)        | (COUNTY) | (STATE) |
| INJURY                              |  | TIME (Month) (Day) (Year) (Hour) |  | INJURY OCCURRED<br>While at Work <input type="checkbox"/> At work <input type="checkbox"/> | HOW DID INJURY OCCUR? |          |         |
| OF INJURY                           |  | m.                               |  |  |                       |          |         |

22. I hereby certify that I attended the deceased from 2/3, 1951, to 2/3, 1951, that I last saw the deceased alive on 2/3, 1951, and that death occurred at 5:45 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

|  |  |                       |                                 |                                  |         |
|--|--|-----------------------|---------------------------------|----------------------------------|---------|
| 23. BURIAL, CREMATION<br>REMOVAL (Specify) |  | DATE THEREOF          | NAME OF CEMETERY OR CREMATORIAL | LOCATION (City, town, or county) | (State) |
| Funeral                                    |  | 2/3/51                | Richards                        | Easton                           | Md      |
| DATE REC'D BY LOCAL<br>REG.                |  | REGISTRAR'S SIGNATURE |                                 | 24. FUNERAL DIRECTOR<br>ADDRESS  |         |
| 2/4/51                                     |  | N. H. Neerius         |                                 | John A. Williams<br>Easton, Md   |         |

